STATE OF MARYLAND

DHMH

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August 3, 2012

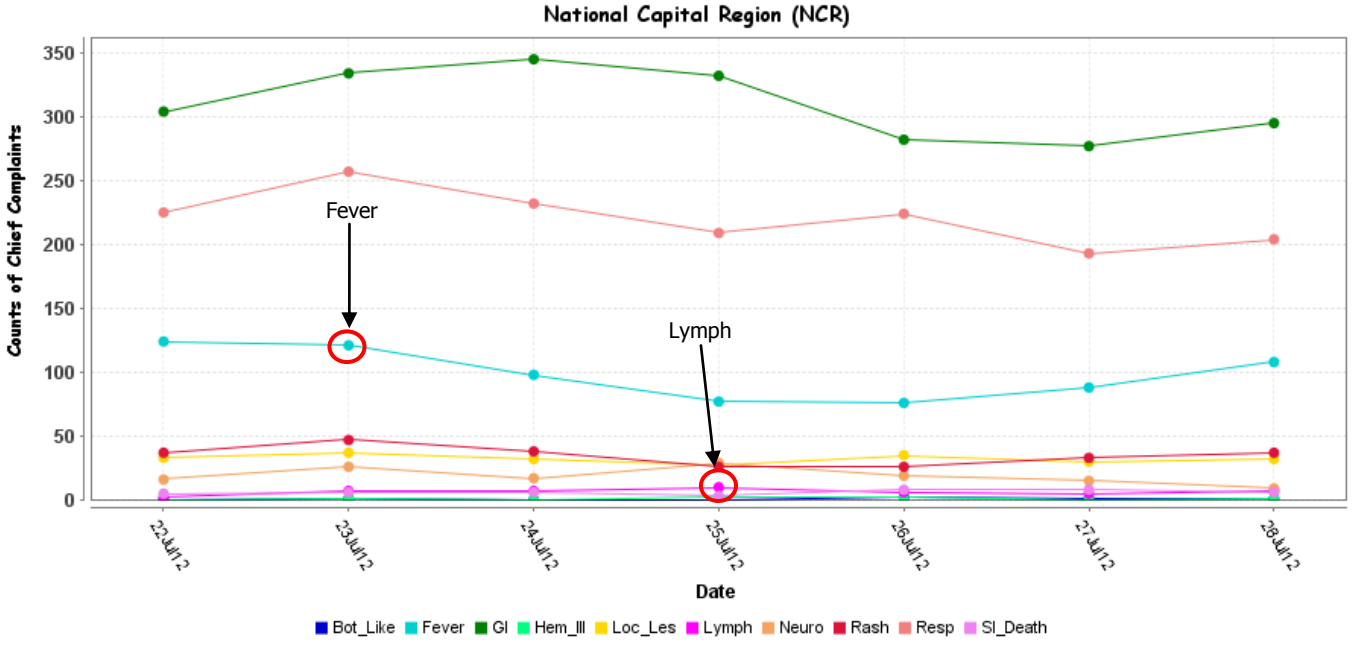
Public Health & Emergency Preparedness Bulletin: # 2012:30
Reporting for the week ending 07/28/12 (MMWR Week #30)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

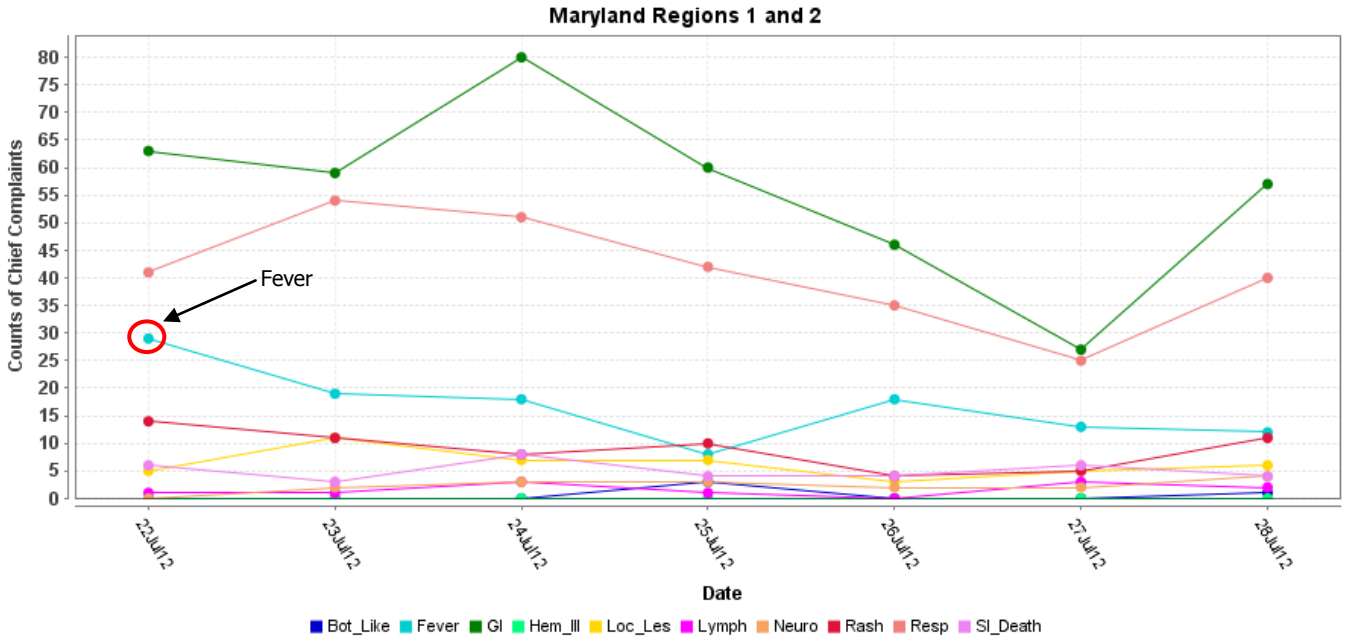
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

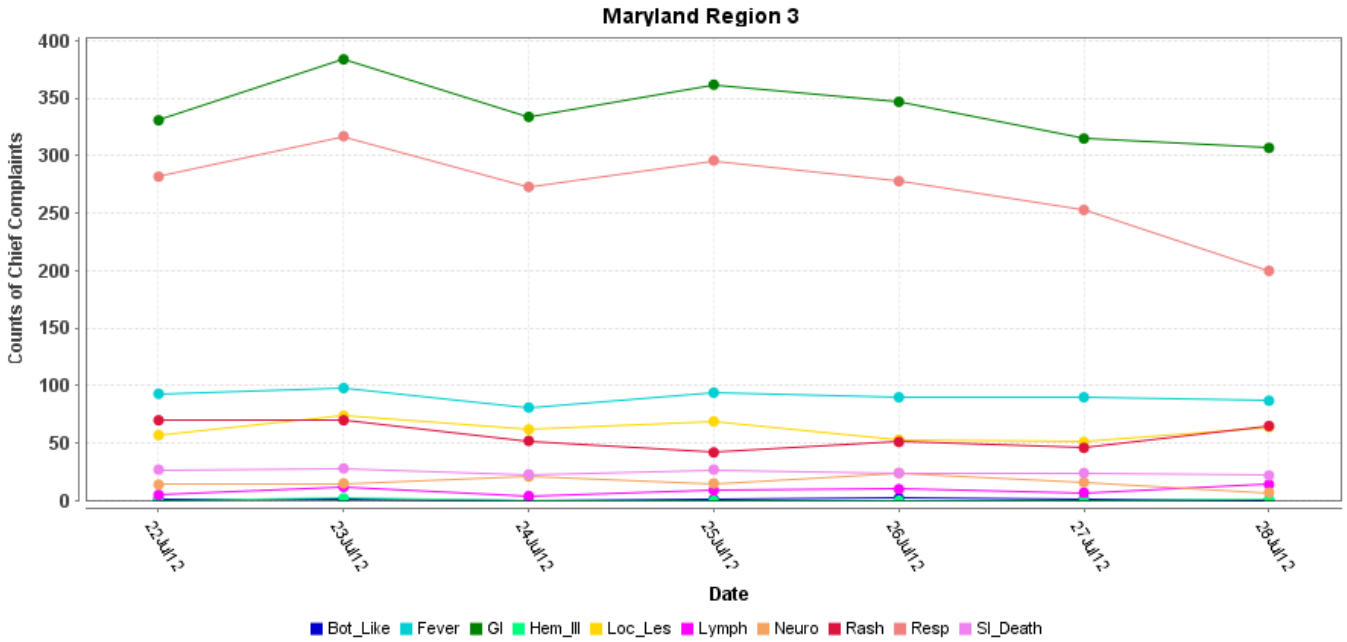


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

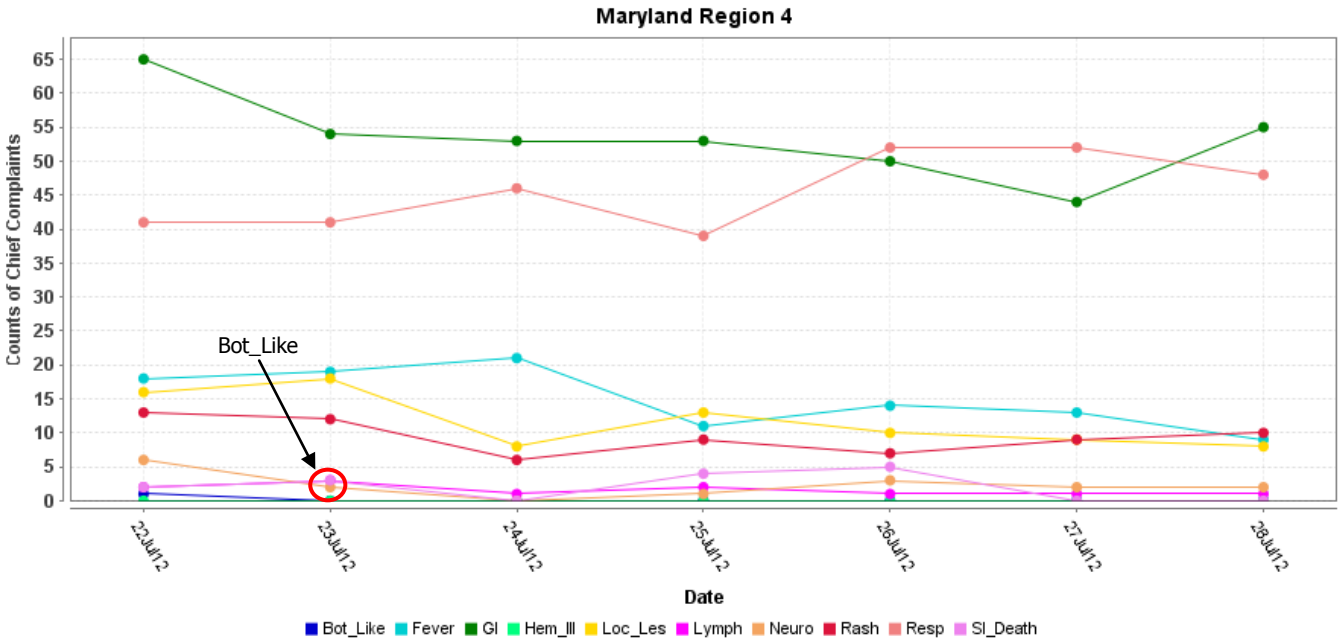
MARYLAND ESSENCE:



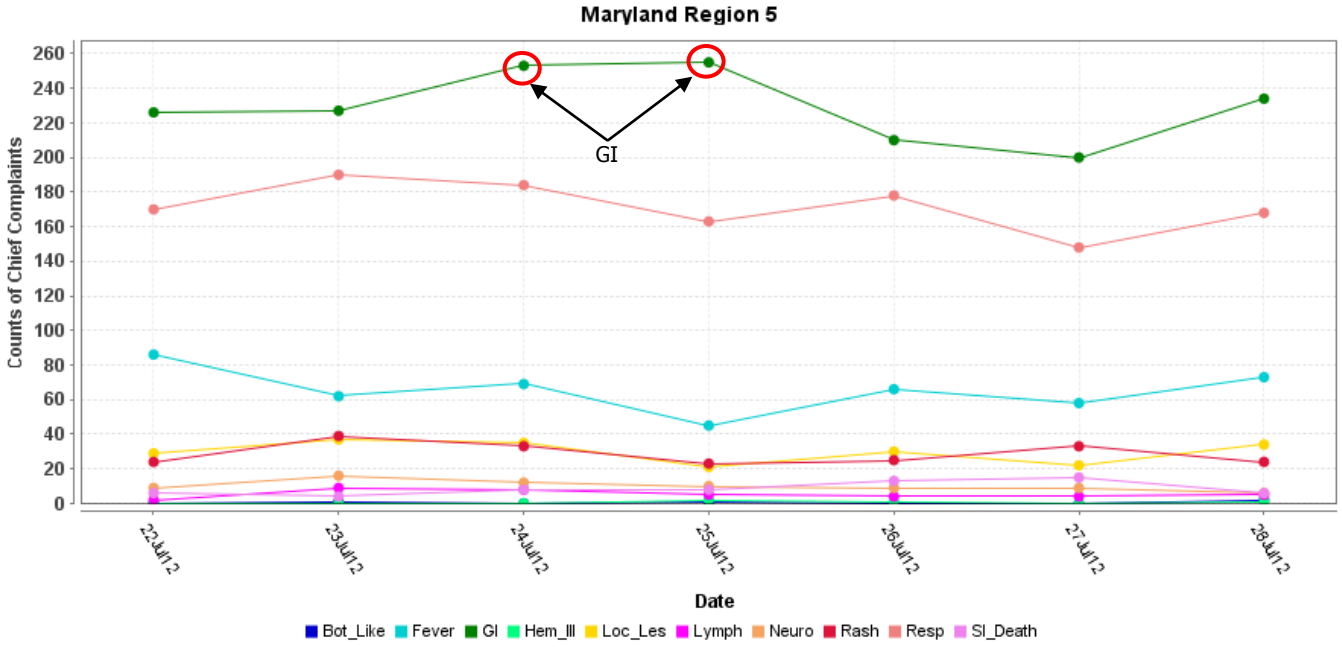
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



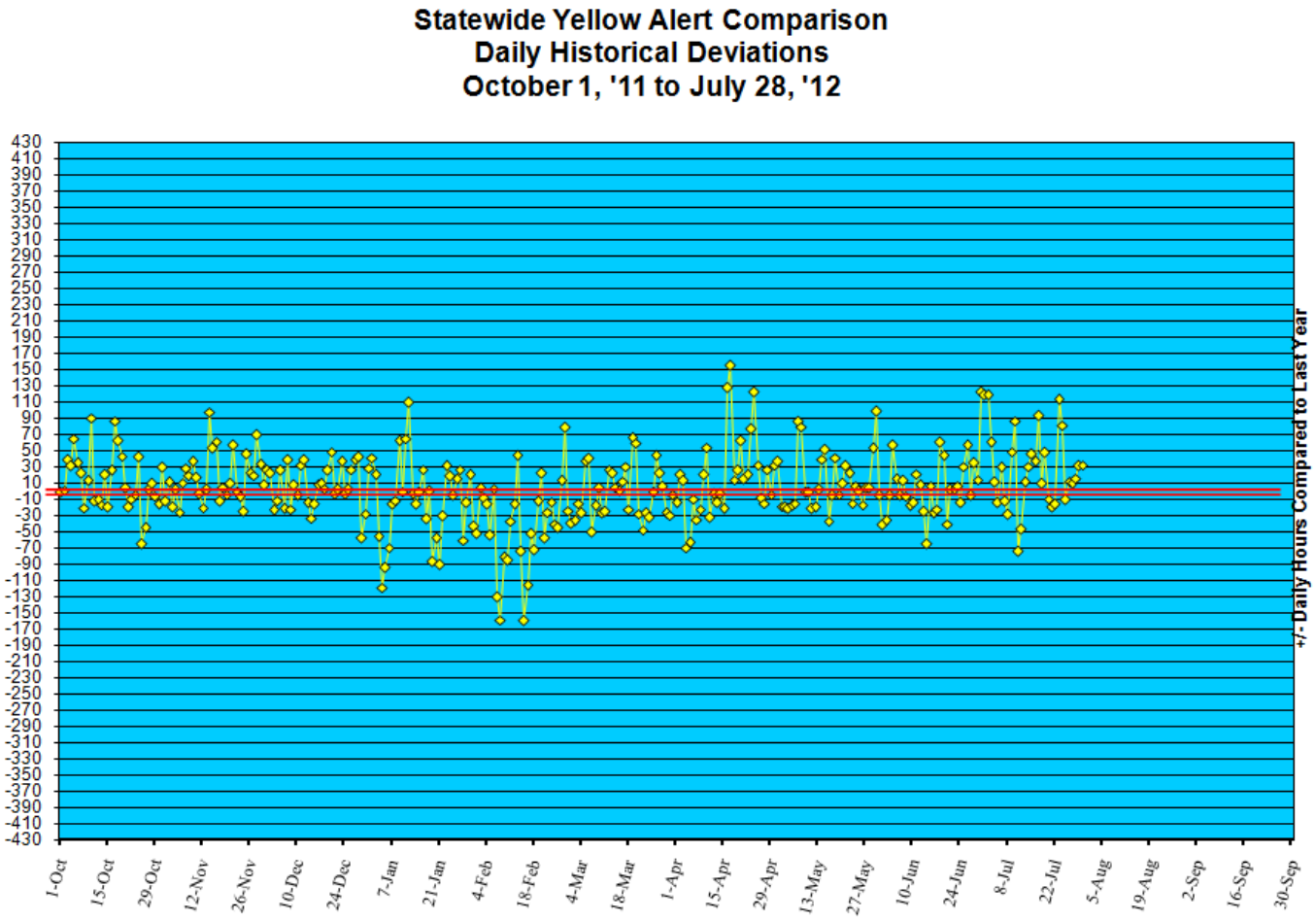
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (July 22 – July 28, 2012):	9	0
Prior week (July 15 – July 21, 2012):	18	0
Week#30, 2011 (July 24 – July 29, 2011):	5	0

2 outbreaks were reported to DHMH during MMWR Week 30 (July 22-28, 2012)

1 Rash illness outbreak
1 outbreak of HAND, FOOT AND MOUTH DISEASE in a Daycare Center

1 Other outbreak
1 outbreak of PHARYNGITIS in a Camp

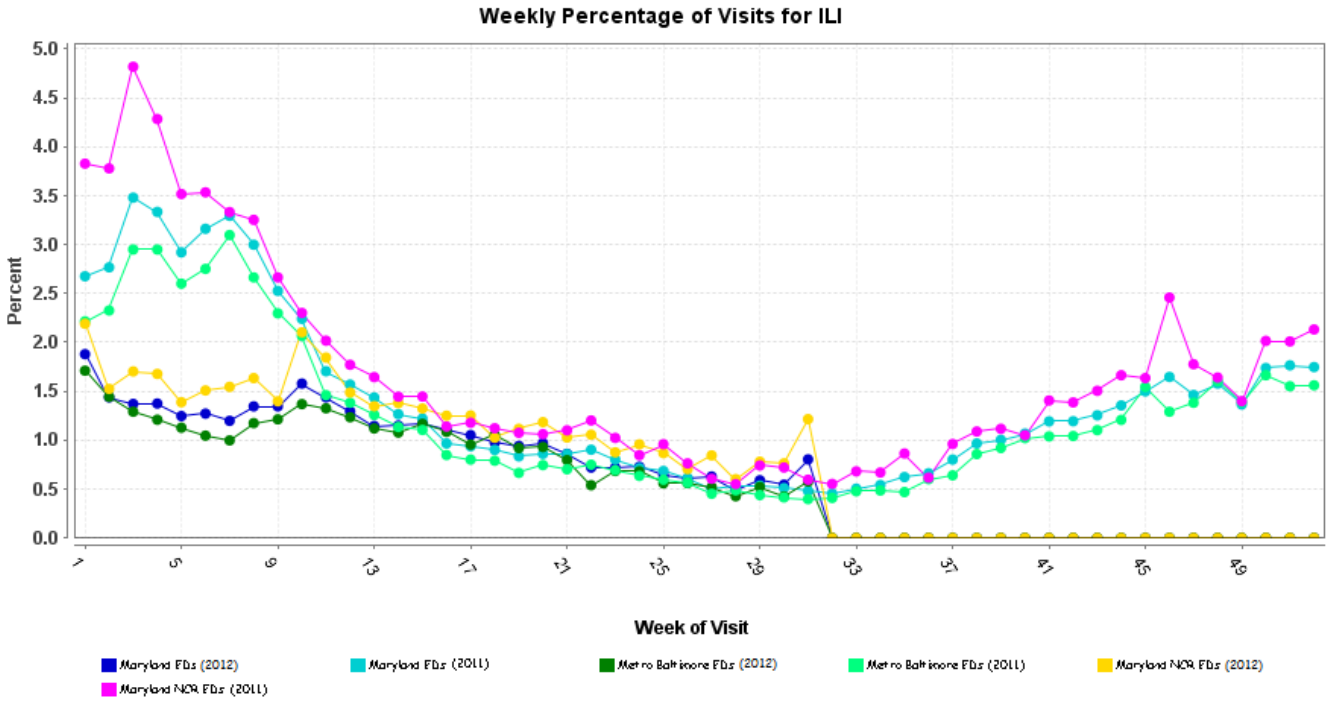
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

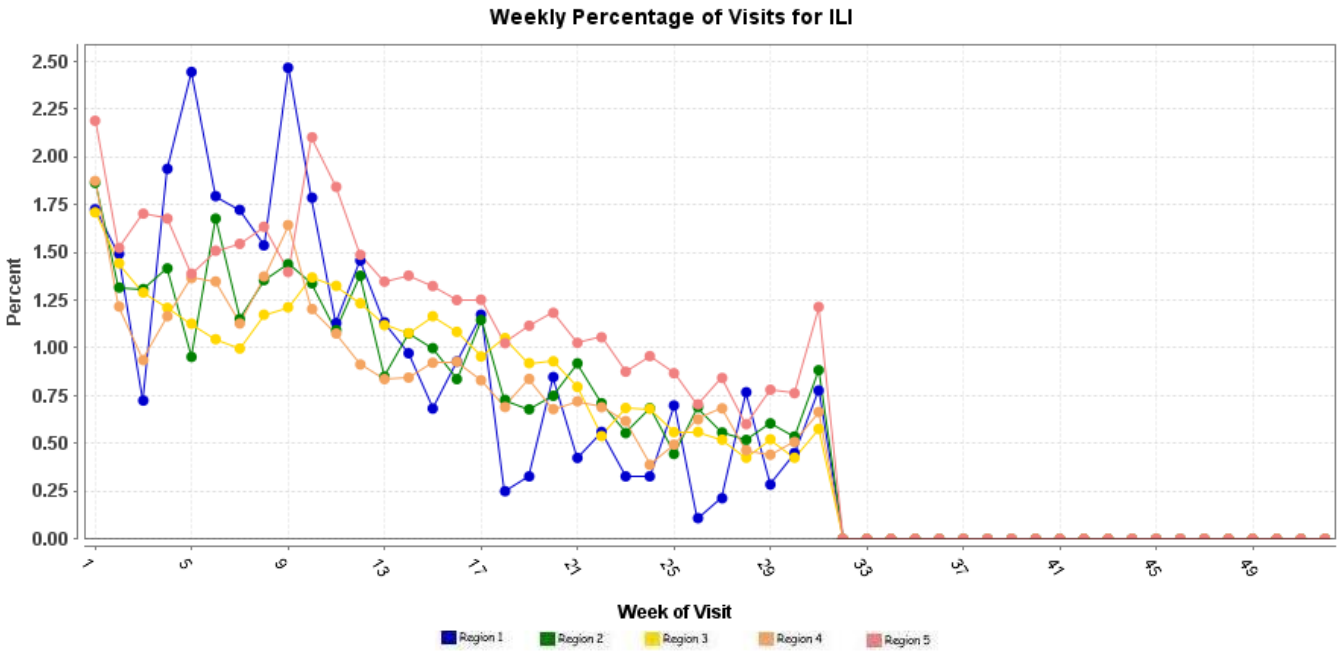
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



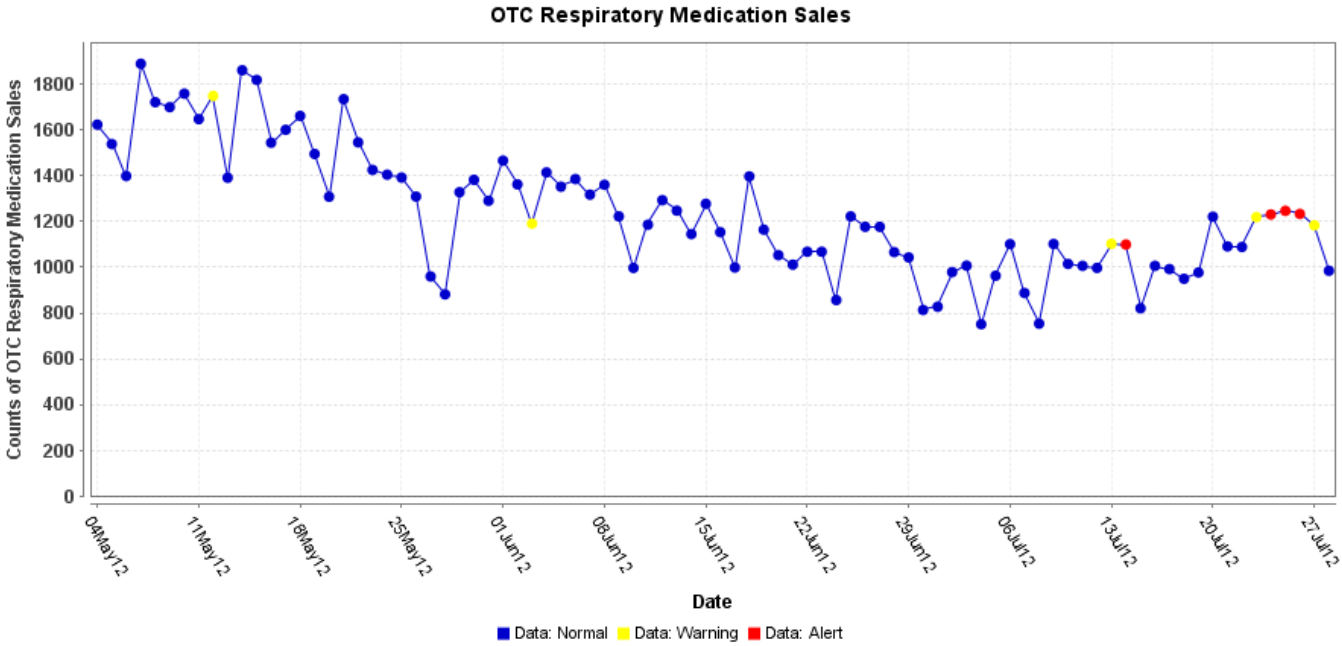
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of July 6, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 607, of which 358 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (MEXICO): 19 July 2012, Around 3.8 million chickens have been slaughtered as part of the effort to contain a bird-flu outbreak in the western state of Jalisco, Mexico's Senasica food safety agency said. More than 9.3 million other birds remain under observation, the agency said. The virus was detected at 33 of the 253 Jalisco chicken farms inspected by Senasica and 82 were found to be free of bird flu, while "diagnostic processes continue" at the other 138 facilities. Senasica said it has also begun to look at farms outside the 2 municipalities where the bird flu outbreak was detected last month [June 2012]. Avimex, Iasa and Ceva are producing 80 million doses of bird-flu vaccine that "will be available at the end of this month [July 2012]," Senasica said. The outbreak claimed 2.5 million chickens in the 1st 3 weeks and generated [USD] 50 million in losses, a representative of the Mexican poultry sector told Efe last week. Around 32 000 jobs could be lost if the virus is not immediately brought under control, according to Ricardo Estrada, president of the Poultry Farmers Association in Tepatitlan, Jalisco, one of the affected municipalities.

NATIONAL DISEASE REPORTS

SALMONELLOSIS (USA): 26 July 2012, A total of 425 persons infected with the outbreak strains of *Salmonella [enterica serotype] Bareilly* (410 persons) or *S._Nchanga* (15 persons) were reported from 28 states and the District of Columbia. 55 ill persons were hospitalized, and no deaths were reported. Collaborative investigation efforts of state, local, and federal public health agencies linked this outbreak to a frozen raw yellowfin tuna product, known as Nakaochi Scrape, from Moon Marine USA Corporation. Consumers should not eat the recalled product, and retailers should not serve the recalled raw Nakaochi Scrape tuna product from Moon Marine USA Corporation. This particular outbreak appears to be over. However, additional cases may be reported over the next several months since some food establishments may be unaware that they received recalled product and continue to serve this frozen raw yellowfin tuna product, which has a long shelf-life. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

FOODBORNE ILLNESS (COLORADO): 25 July 2012, The head of the Denver Rescue Mission says a failure to follow food handling procedures lead to the poisoning of 60 people Sunday night, 22 Jul 2012. "We conducted our own investigation," said Brad Meuli, the rescue mission's president and CEO. "It became apparent that some pre-prepared food that had been delivered here had not been handled correctly." Meuli wouldn't say where the food came from or how it was mishandled, citing a desire not to interfere with the health department's ongoing investigation. When asked whether it was an oversight issue, a training issue, or whether handlers just got in too big of a hurry, Meuli replied: "It could have been a combination of all of those things. The bottom line is that we didn't do the procedures that we should have for pre-prepared food." Meuli told 7NEWS that 340 meals were served Friday [20 Jul 2012] night. The menu included turkey, mashed potatoes and gravy, stuffing and a salad. Mission officials would not speculate on which item may have caused the food poisoning. One woman who ate there Sunday [22 Jul 2012] night told 7NEWS that she ate turkey and didn't get sick. She said she didn't have potatoes, dressing or salad. Others say the focus of the investigation is on the turkey. Environmental Health officials aren't commenting about the food poisoning, other than to say that the case is still under investigation. Denver Environmental Public Health Program Manager Danica Lee told 7NEWS that nonprofits are not inspected regularly like restaurants. When asked whether the mass food poisoning will lead to a change in policy, Lee replied: "This instance has prompted us to look at that, to see if we allocated our resources where we need to, and whether we need to divert resources to do regular inspections of nonprofits." Lee said the food poisoning investigation should be complete next week. "These folks that we serve are our friends and neighbors. They are people we love. The last thing we want to do is hurt them." Meuli said the Lawrence shelter is no longer serving pre-prepared meals. All the other shelters run by the mission are operating normally, including the distribution of food to partner agencies. The Denver Rescue Mission provides 600 000 meals annually. Meuli said the mission will continue providing meals, shelter, clothing and medical care to those in need. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI (OHIO): 25 July 2012, An outbreak of *E. coli* [O157] claimed its 1st fatality on Tue 24 Jul 2012, a longtime area school superintendent known for his dedication to children. The man, 73, of Germantown, was one of at least 75 people sickened after consuming food served at a 3 Jul 2012 customer appreciation picnic at Neff's Lawn Care in German Township. He retired in 2010 as superintendent of Trotwood-Madison City Schools and had also been superintendent at Valley View and Mad River schools. Two others remain hospitalized, a 4-year-old girl and a 14-year-old boy. A total of 14 people have been hospitalized, and health officials still do not know the cause [sic: source] of the contamination. Lab tests confirmed the same strain of *E. coli* in 18 people. The number of people sickened is "unusually large" for an *E. coli* outbreak, said Bill Wharton, health department spokesman. The man was hospitalized after developing hemolytic uremic syndrome (HUS), a complication in which a toxin produced by [certain strains of] *E. coli* destroys red blood cells, leading to anemia and kidney damage. It can cause kidney failure. An autopsy was scheduled. Tracing the source of the outbreak is a major undertaking, Montgomery County Health Commissioner Jim Gross said, because of the sheer number of people who brought in food and the number of people who became ill. An estimated 300 people attended the picnic, and many carried in food to share. The hosts also supplied and cooked some of the meat served that day. "It's not like an outbreak involving a specific food service establishment," Gross said. "It's completely different. In addition to the people who are sick, there are all the people who prepared the foods. There are so many different variables, and it's extremely important that we are as thorough as we can be. And if we reach a conclusion, we want to reach the correct conclusion. At this point in time, thoroughness is more important than rushing to a conclusion." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

EBOLA HEMORRHAGIC FEVER (UGANDA): 28 July 2012, An outbreak of the deadly Ebola virus has killed 13 people in Uganda and efforts are under way to contain the hemorrhagic fever, the World Health Organisation (WHO) said on Saturday. There is no treatment and no vaccine against Ebola, which is transmitted by close personal contact and, depending on the strain, kills up to 90 percent of those who contract the virus. Joaquim Saweka, WHO's representative in Uganda, said that although suspected Ebola infections emerged in early July in Kibale district, about 170 km (100 miles) west of the capital Kampala, the outbreak was not confirmed until Friday (27 Jul 2012). "There is a total of 20 people suspected to have contracted Ebola and 13 of them have died," Saweka said. "A team of experts from the government, WHO and CDC (U.S. Centers for Disease Control) are in the field and following up on all suspected cases and those who got into contact with patients." Saweka said the origin of the outbreak had not yet been confirmed, but 18 of the 20 cases are understood to be linked to one family. Kibale is near the Democratic Republic of Congo (DRC) where the virus emerged in 1976, taking its name from the Ebola River. The symptoms include sudden onset of fever, intense weakness, muscle pain, headache and sore throat, followed by vomiting, diarrhea, rashes, impaired kidney and liver function and both internal and external bleeding. Ebola was last reported in Uganda in May last year when it killed a 12-year-old girl. The country's most devastating outbreak was in 2000 when 425 people were infected, more than half of whom died. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (ENGLAND): 27 July, 2012, Health officials are frantically searching for the source of a fresh wave of Legionnaires' disease today, as 15 people are hospitalised - with two in a critical condition. The Health Protection Agency (HPA) said all of those affected in Stoke-on-Trent, Staffordshire, are aged between their late 40s and mid-70s. The number of confirmed cases has been steadily rising since news of the outbreak on Tuesday. Two of the patients are in a critical condition and are being treated in separate hospitals. A spokesman for University Hospital of North Staffordshire said: "The Trust is currently treating 14 patients confirmed with Legionnaires' Disease; 13 patients are in a stable or improving condition, one person is in a critical condition." A spokesman for Glenfield Hospital, Leicester, said: "We are treating a patient transferred from the University Hospital of North Staffordshire, confirmed with Legionnaires' Disease, who is in a critical but stable condition." Public and environmental health experts from the HPA, the Health and Safety Executive, the NHS [National Health Service] in Stoke and Stoke-on-Trent City Council continue to work together to identify and investigate possible sources. Professor Harsh Duggal, director of the Health Protection Agency's Health Protection Unit in Stafford, said: "Our investigation into possible sources continues. We have sampled and disinfected potential sources of exposure but people can develop symptoms up to two weeks after being exposed to *Legionella* so we are not surprised by these new cases. We continue to map the outbreak and work with our partners to pinpoint possible sources, using the information we have gathered." The HPA said the outbreak is not hospital-related and the hospital is a safe environment for visitors. The HPA stressed that there is no need for anyone who is well or only mildly unwell to see their doctor or to have any tests. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)*Non-suspect case

BOTULISM (ENGLAND): 25 July 2012, Tests carried out by the Health Protection Agency (HPA) identified the toxin that causes botulism in a jar of Italian olives after an Oxfordshire resident was admitted to hospital with botulism poisoning. No further cases have been identified to date. The Food Standards Agency (FSA) is now asking people who have bought jars of the implicated olives not to eat them and to contact their local authority environmental health food safety team to arrange collection of the product. The implicated olives are "Olive Bella Di Cerignola" produced by 'I Divini.' These are large green olives from the Puglia region of Italy and are packaged in brine in glass jars with a lot number of 161/11 and best before date of 10/06/2014. This type of olive is distributed under a number of different brand names but only the I DIVINI di Chicco Francesco brand is associated with this incident. The HPA is working with the local authority environmental health department and the Food Standards Agency on the investigation. Botulism is rare in the UK; there have only been 33 recorded cases of food-borne botulism in England and Wales since 1989, with 27 of these linked to a single outbreak. Investigations into the supply of these olives are focusing on delicatessen shops where this product could be on sale. Health professionals across the UK have been made aware of the case and advised to look out for people of all ages with possible symptoms. Botulism is caused by a toxin produced by the bacterium *Clostridium botulinum* which attacks the nervous system. There is a botulinum antitoxin available which is very effective in treating botulism when it is used in the early stages of the infection. The [toxin] is not passed from person to person and symptoms usually occur between 12 and 36 hours after eating contaminated food although symptoms can also appear in as little as 6 hours, or take longer. Dr Kathie Grant, a botulinum toxin expert at the HPA, said: "Cases of botulism are thankfully very rare in the UK although it can be a very serious infection in those that are affected. "We urge the public not to consume these olives and immediately dispose of this product. It's also important to be aware of the signs and symptoms of botulism, which include blurred vision, difficulty swallowing, headaches and muscle weakness." (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (FINLAND): 25 July 2012, The source of an outbreak of food poisoning at a restaurant in Helsinki in June 2012 still remains a mystery. Some 28 diners were diagnosed with *Salmonella [enteric serotype] Agona*. Around 30 people became ill from a party of some 200 diners who gathered for a private function at a Helsinki restaurant. Almost all those affected were diagnosed as suffering from the same bacterial infection. The Environmental Center of the city of Helsinki has examined the incident by means of a questionnaire together with the help of samples taken by the National Institute for Health and Welfare (THL). However, no food with the offending bacterium has been detected. According to Riikka Aberg from the Environmental Centre, the precise cause of such an epidemic is rarely determined. Final results will be ready in August 2012 when the questionnaire data are finally known. Around 300 cases of salmonellosis are detected in the Finnish capital annually, of which around 10 percent are of domestic origin. An outbreak was last reported in Helsinki at the end of 2011 when more than 10 people fell ill after eating at the same luncheon diner. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (NEW ZEALAND): 23 July 2012, Hawke's Bay District Health Board [HBDHB] is warning about an outbreak of listeriosis in Hawke's Bay. 4 people have been diagnosed with listeriosis; 2 of those, who were elderly and immuno-compromised, have subsequently died, and 2 have recovered. Samples of ready-to-eat meats supplied to the hospital have tested positive to *Listeria*. All of the hospital's supplied ready-to-eat meat has since been quarantined, and the results are now part of an investigation into the source of the outbreak, he said. Director of Public Health Caroline McElnay said listeriosis has a long incubation period of up to several weeks. Dr McElnay said listeriosis is very rare, and there are only about 25 cases a year in New Zealand. The disease is only dangerous to pregnant women, their babies, the elderly, and people with a lowered immune system. Almost all other people are not harmed by it. The outbreak served as a warning for anyone who was immuno-compromised, elderly, or pregnant to be very aware of food safety. People at high risk should not eat ready-to-eat foods like soft cheeses made with pasteurised and unpasteurised milk, processed meat and poultry [The relatively high moisture content of soft cheeses favors proliferation of *Listeria* even at refrigeration temperatures. The ubiquitous nature of *Listeria monocytogenes* in the environment means that contamination of soft cheeses may occur at any point post-pasteurization.]. If high-risk people develop flu like symptoms such as a mild fever, headache, nausea, vomiting, aches and pains, or a mild cough or cold, they should seek medical advice. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable